

# Medtronic Vascular

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**FROM:** Christine L. Aceves  
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**REMARKS:**  **Urgent**  **For your review**  **Reply ASAP**  **Please Comment**

Our Ref.: P840 US

Your Ref.: 09/691,650

Please find attached the following:

Transmittal Form;

Fee Transmittal;

Petition to Extend Time; and

Request for Continued Examination Transmittal.

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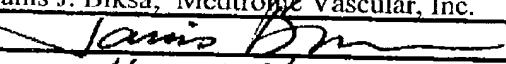
PTO/SB/21 (02-04)

Approved for use through 07/31/2006, OMB 0651-0031  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number 09/691,650
		Filing Date October 17, 2000
		First Named Inventor Mike Krivoruchko
		Art Unit 3738
		Examiner Name William Matthews
Total Number of Pages in This Submission		Attorney Docket Number P840 US

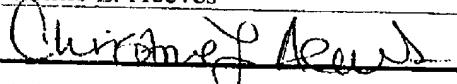
<b>ENCLOSURES (Check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Remarks	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Janis J. Biksa; Medtronic Vascular, Inc.
Signature	
Date	4-1-04

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. Washington, DC 20231 on this date:

Typed or printed name	Christine L. Aceves
Signature	
Date	4-1-04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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**FEE TRANSMITTAL  
for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 880.00)

METHOD OF PAYMENT:  CASH  CREDIT CARD  CHECK  MONEY ORDER  OTHER

**METHOD OF PAYMENT** (check all that apply)

Check  Credit card  Money Order  Other  None

Deposit Account:

Deposit  
Account  
Number  
Deposit

01-2525
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Name  FLOWING FAYE, INC.

Change fee(s) indicated below.  Credit any overpayments.

Charge any additional fee(s) or any underpayment of fee(s).

Charge fee(s) indicated below, except for the filing fee  
to the above-identified deposit account.

FEES CALCULATION

**1. BASIC FILING FEE**

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>	<u>Fee Paid</u>
Fee Code (\$)	Fee Code (\$)		
1001 7.0	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 7.0	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

**SUBTOTAL (1) (\$)**

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Claims	- 3** =	X	
Multiple Dependent			

<u>Large Entity</u>	<u>Small Entity</u>	<u>Fee Description</u>
<u>Fee</u>	<u>Fee</u>	<u>Fee</u>
<u>Code (\$)</u>	<u>Code (\$)</u>	<u>Code (\$)</u>
1202 18	2202 9	Claims In excess of 20
1201 80	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 80	2204 43	** Reissue Independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

**SUBTOTAL (2)** **(\$)**

\*or number previously paid, if greater: For Reissues, see above.

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Janis J. Biksa	Registration No. (Attorney/Agent)	33,648
Signature	<i>Janis Biksa</i>	Telephone	707-566-1888
		Date	4-16-04

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